

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
100/518968 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		↓		↓	↓
TOTAL DEF.	3	V	←		←	←
TOTAL CLAIMS	38	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEF.		V	←		←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]